



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

**03/02/2015**

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NYR000217521**

**INSTALLATION NAME: FOXGATE AT ISLIP**

**INSTALLATION ADDRESS: 725 EASTVIEW DR  
CENTRAL ISLIP, NY 11722**

**MAILING ADDRESS: 725 EASTVIEW DR  
CENTRAL ISLIP, NY 11722**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: FOXGATE AT ISLIP  
or Current Occupant  
ATTN: JENNIFER JOHNSON  
725 EASTVIEW DR  
CENTRAL ISLIP, NY 11722**

SEND  
COMPLETED  
FORM TO:  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal

MARK ALL  
BOX(ES) THAT  
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number NY 2000 217521

3. Site Name

Name: Foxgate at Islip

4. Site Location Information

Street Address: 725 Eastview Drive

City, Town, or Village: Central Islip

County: Suffolk

State: NY

Country: United States

Zip Code: 11722

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 2 3 6 1 1 6

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: 725 Eastview Drive

City, Town, or Village: Central Islip

State: NY

Country: United States

Zip Code: 11722

8. Site Contact Person

First Name: Jennifer

MI:

Last: Johnson

Title: Construction Administrator

Street or P.O. Box: 725 Eastview Drive

City, Town or Village: Central Islip

State: NY

Country: United States

Zip Code: 11722

Email: jjohnson@jobcorc.com

Phone: 631-761-9395

Ext.:

Fax: 631-761-9397

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Central Islip Associates LLC

Date Became Owner: 11/16/2006

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 277 Northern Blvd.

City, Town, or Village: Great Neck

Phone: 516-747-0050

State: NY

Country: United States

Zip Code: 11021

B. Name of Site's Operator: East View Construction LLC

Date Became Operator: 4/28/2013

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.




EPA ID Number 

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OMB#: 2050-0024; Expires 01/31/2017

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?


If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

This material is the remains of an on site Firehouse that was built in 1907 and burned down on April 28, 2013.

120 days Per J. J. Jumper (631) 761-9395

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Michael Puntillo, Member	02/10/2015

**ADDENDUM TO THE SITE IDENTIFICATION FORM:  
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY****ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

**1. Indicate reason for notification. Include dates where requested.**

- ☐ Facility will begin managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy) and is notifying as required.

**2. Description of excluded HSM activity.** Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

**3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi).** (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

**EAST VIEW CONSTRUCTION LLC**

725 Eastview Drive  
Central Islip, NY 11722  
631-761-9395

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2015 MAR 24 A 10:08  
24

RCRA PROGRAMS  
BRANCH

March 24, 2015

Mr. Nathaniel Edwards  
Environmental Protection Agency  
290 Broadway  
New York, NY 10007-1866

**RE: EPA # NYR000217521**

Dear Mr. Edwards,

I would like to inform you that the material relating to EPA # NYR000217521 has been removed from our site using a certified Part 364 carrier permitted to transport hazardous waste and brought to a permitted hazardous waste facility. At this time we would like to close out said EPA #.

Please let me know if you have any additional questions or concerns.

Sincerely yours,



Jennifer Johnson  
Construction Administrator